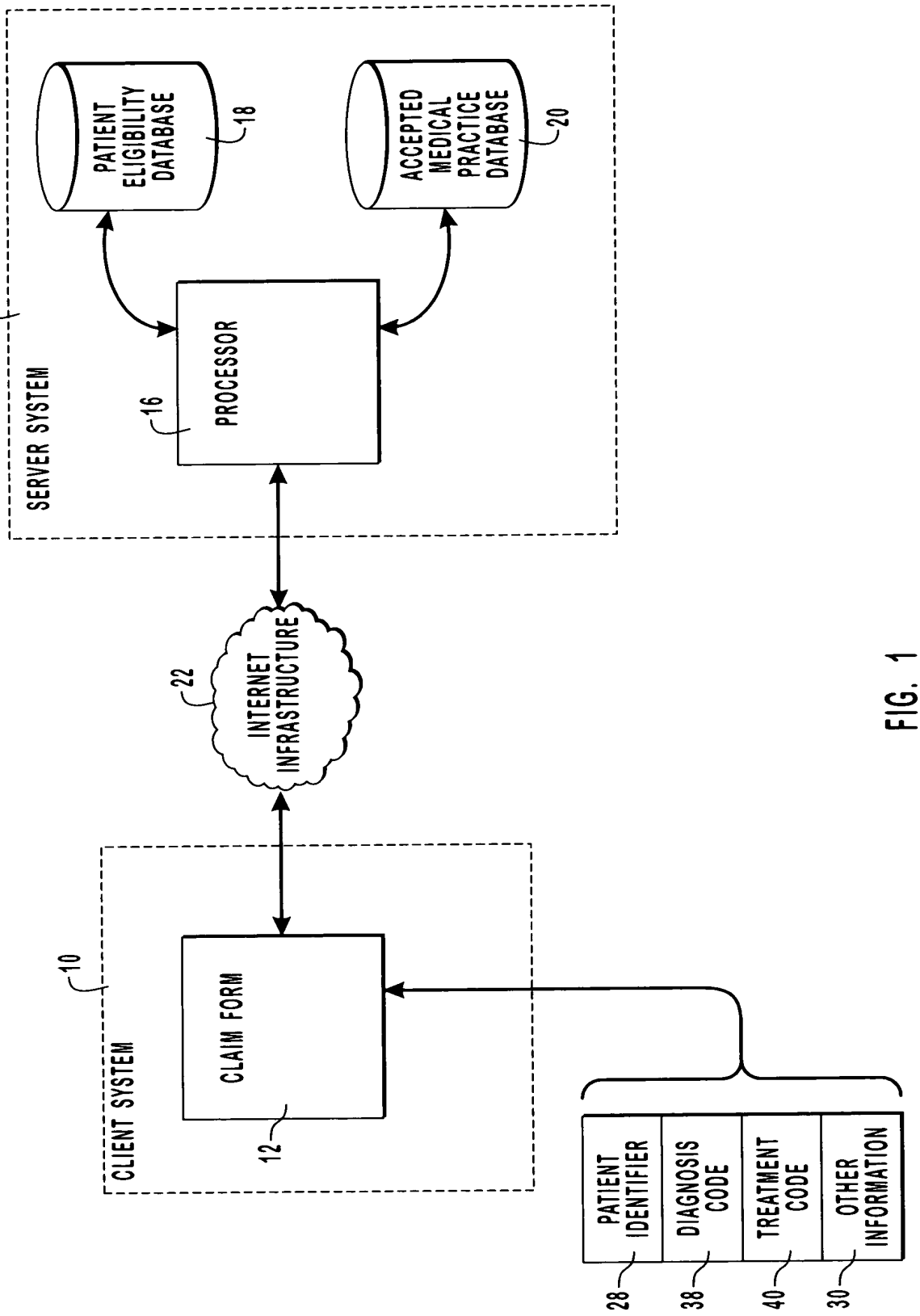
SERVER SYSTEM
14
PATIENT ELIGIBILITY DATABASE
18
ACCEPTED MEDICAL PRACTICE DATABASE
20
PROCESSOR
16
INTERNET INFRASTRUCTURE
22
CLIENT SYSTEM
10
CLAIM FORM
12
PATIENT IDENTIFIER
28
DIAGNOSIS CODE
38
TREATMENT CODE
40
OTHER INFORMATION
30

FIG. 1

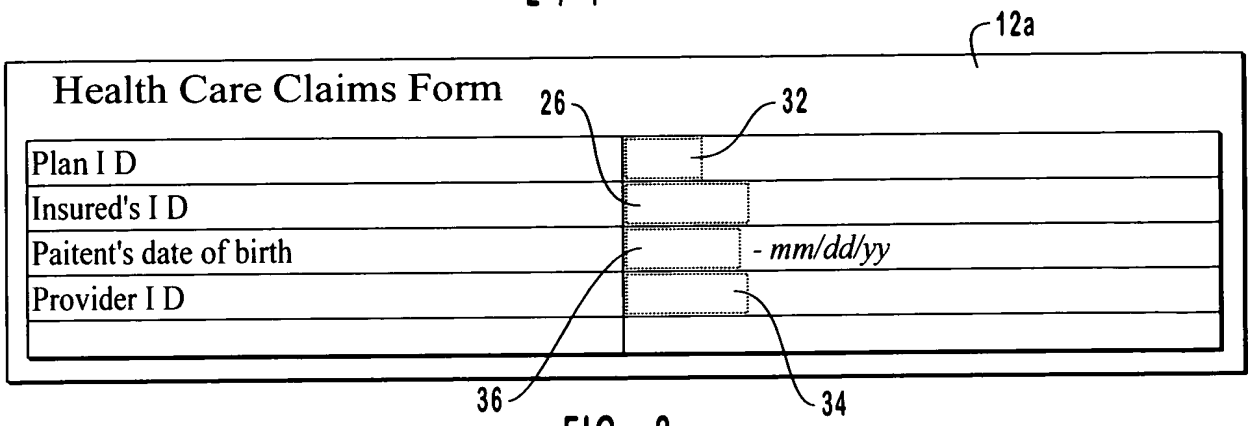
12a
Health Care Claims Form
26
32
Plan I D
Insured's I D
Paitent's date of birth
- mm/dd/yy
Provider I D
36
34

FIG. 2

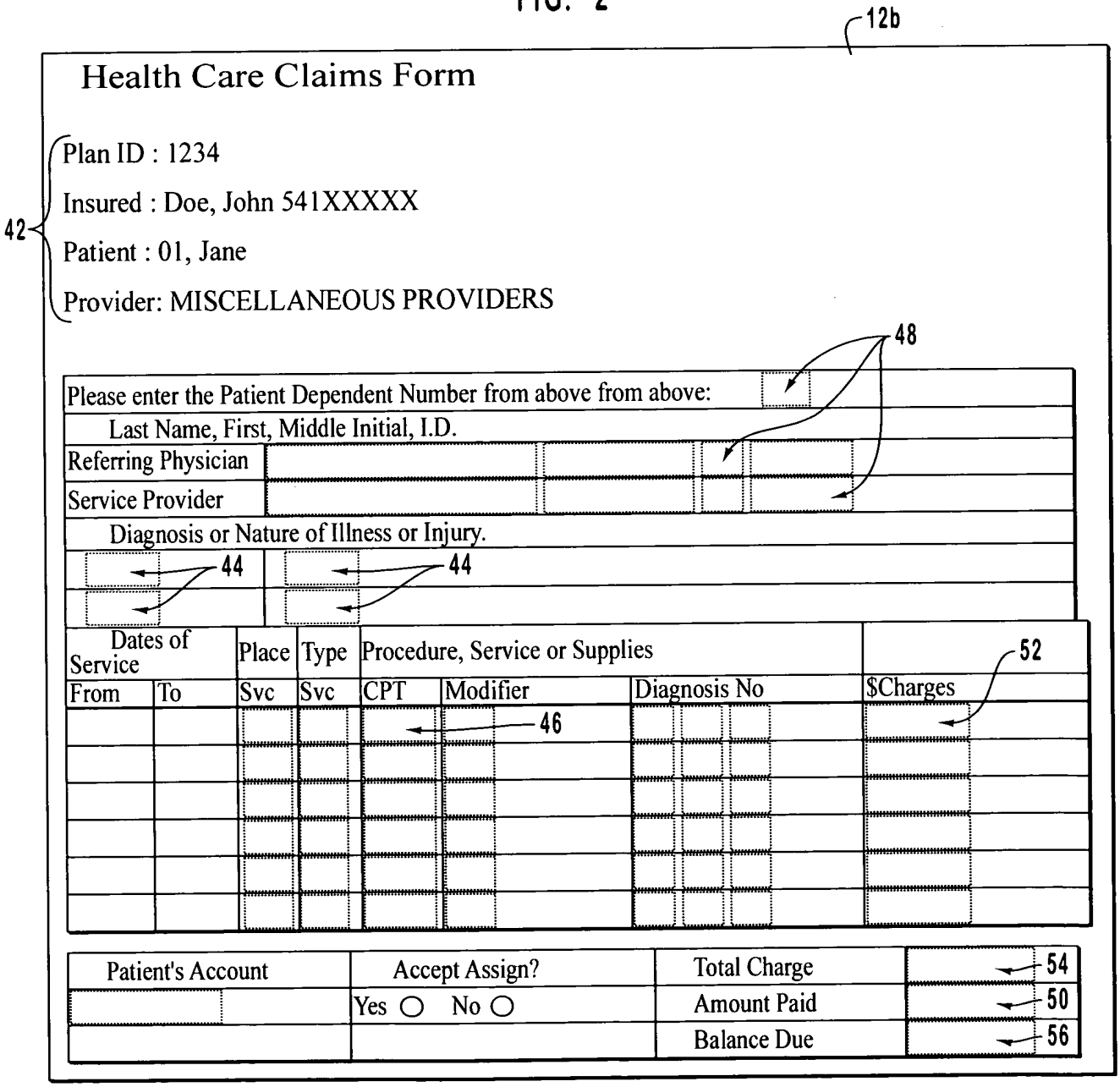
12b
Health Care Claims Form
Plan ID : 1234
Insured : Doe, John 541XXXXX
42
Patient : 01, Jane
Provider: MISCELLANEOUS PROVIDERS
48
Please enter the Patient Dependent Number from above from above:
Last Name, First, Middle Initial, I.D.
Referring Physician
Service Provider
Diagnosis or Nature of Illness or Injury.
44
44
Dates of Service
From
To
Place Svc
Type Svc
Procedure, Service or Supplies
CPT
Modifier
46
Diagnosis No
$Charges
52
Patient's Account
Accept Assign?
Yes ○ No ○
Total Charge
54
Amount Paid
50
Balance Due
56

FIG. 3

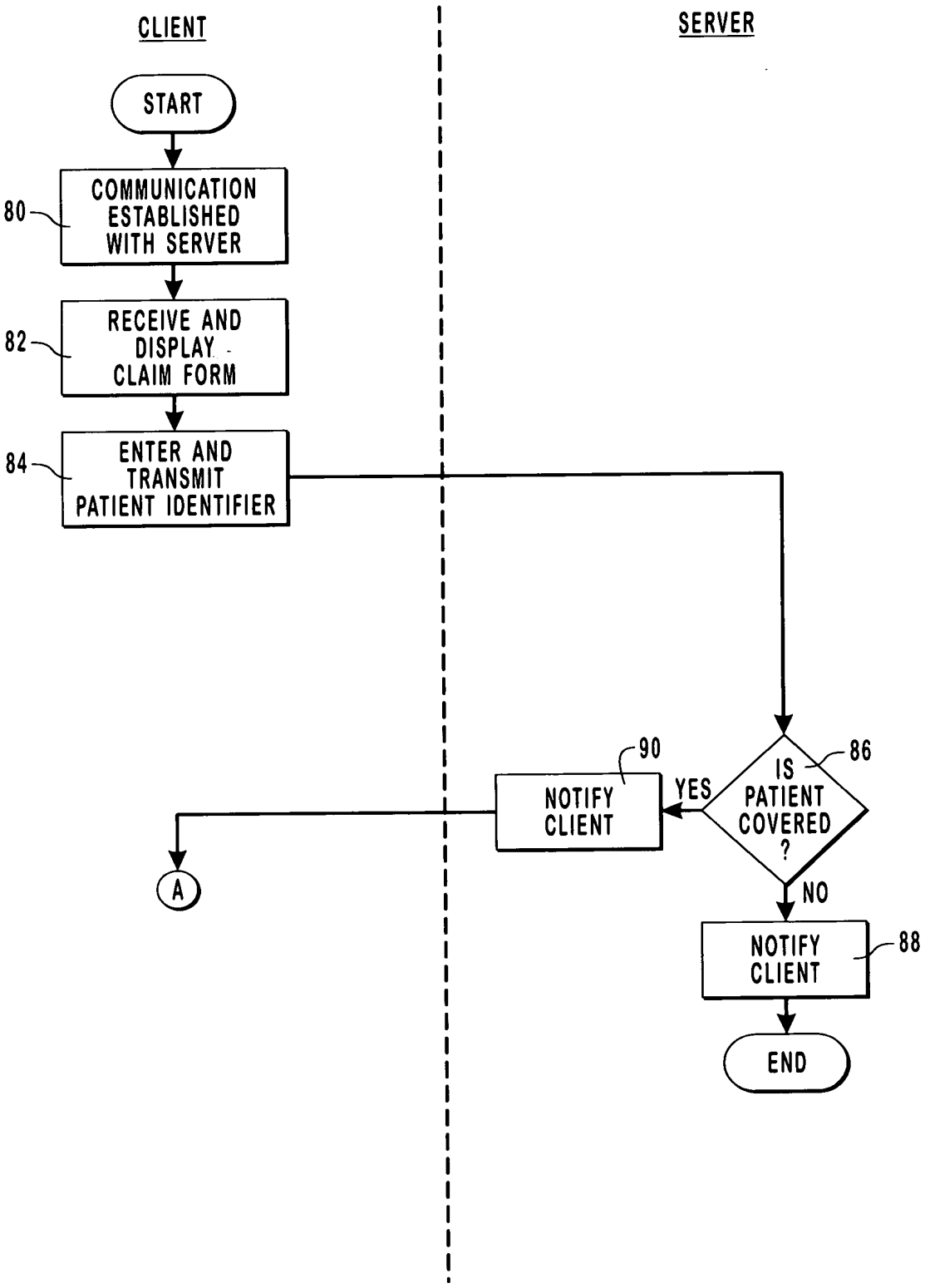
CLIENT
SERVER
START
COMMUNICATION ESTABLISHED WITH SERVER
80
RECEIVE AND DISPLAY CLAIM FORM
82
ENTER AND TRANSMIT PATIENT IDENTIFIER
84
IS PATIENT COVERED ?
86
YES
NO
NOTIFY CLIENT
90
NOTIFY CLIENT
88
END
A

FIG. 4A

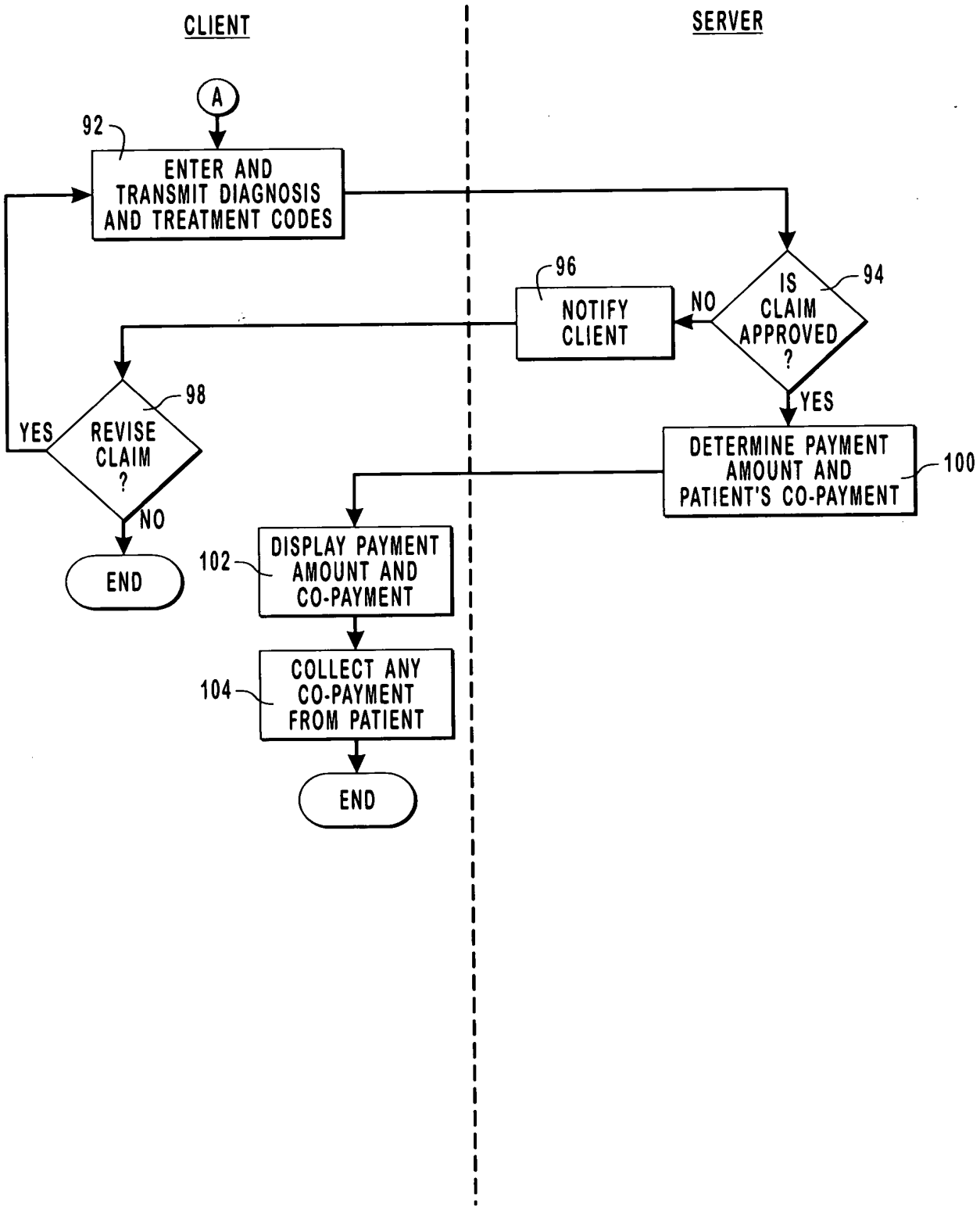
CLIENT
SERVER
A
92
ENTER AND TRANSMIT DIAGNOSIS AND TREATMENT CODES
IS CLAIM APPROVED ?
94
NO
96
NOTIFY CLIENT
YES
DETERMINE PAYMENT AMOUNT AND PATIENT'S CO-PAYMENT
100
YES
REVISE CLAIM ?
98
NO
END
102
DISPLAY PAYMENT AMOUNT AND CO-PAYMENT
104
COLLECT ANY CO-PAYMENT FROM PATIENT
END

FIG. 4B